

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: Shannon Health System

Shannon Health System, a non-profit corporation, having offices located at 120 East Harris Street, San Angelo, Texas 76903 ("Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **JPMORGAN CHASE BANK, N.A.**, with offices located at Mail Code: NY1-A436, One Chase Manhattan Plaza, Floor 26, New York, New York 10005, ATTN: Susan McNamara ("Buyer"), all right, title and interest in and to the claims of Seller against LEHMAN BROTHERS HOLDINGS INC. (and its affiliates) in the amount of \$1,025,512.18, docketed as Claim No. 810 as amended by the Order at Docket No. 13620 in the Case (the "Claim") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13555 (JMP) (jointly administered) (the "Case").

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

IN WITNESS WHEREOF, dated as of the 17 day of March, 2011.

Shannon Health System

WITNESS:

[Signature]
(Signature)

Name: Gary Voss
Title: Director, Facility Safety
(Print name and title of witness)

By: [Signature]
(Signature of authorized corporate officer)

Name: Bryan Horner
Title: President/CEO
Tel.: 325 653 6741

JPMorgan Chase Bank, N.A.

WITNESS:

[Signature]
(Signature)

Name: Alexander Wilk
Title: Associate
(Print name and title of witness)

By: [Signature]
(Signature of authorized corporate officer)

Name: Peter Schoepe
Title: Authorized Signatory
Tel.: _____

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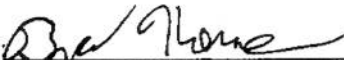
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